TO:

2002 044365

Return To:

Angela Delrio

Hodges & Davis, P.C.

8700 Broadway, Merrillville, IN 46410

SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

Patient:	Angela Delrio	Attorne	у:		
	2840 Gibson Place Hammond, IN 463				
Lake County 2293 North	Lake County, Ind Government Center Main Street , Indiana 46307	s 31 Si	ndiana Departmen 11 W. Washington nite 300 ndianapolis, Ind	n Street	ce
Street, Gar necessary of patient as	/_,	ends to hold a H	ospital Lien f	or all reason ce of the abo	nable and ve listed
and was dis	The patient was accharged from the lamount due for italization is	nospital on <u>Janu</u> hospital care, l	tary 20 , 20 treatment or ma	02 intenance dur	ing the
(\$ 4451.4; 3. legal repre	Dollars. To the best of the sentative claims for damages arisi	Hospital's know	ledge, the pati g named indiv	ent or the paiduals and/or	tient's entities
8-26 in the located, we discharged instrument, hereby state	Lien is being file ne Office of the within one hundred from the Hospi having been duly tes that the facts are errect.	Recorder of the ed and eighty tal. The under y sworn upon oat ital intends to add matters set for the edge of the	e County in w (180) days af rsigned indiv th, under the hold the Hospi	ter the Hostidual execut penalties of tal Lien as pregoing state	spital is ient was ing this perjury, described
STATE OF IN) ss:	(1) BY:	Playaut (Cupu	
Hospitals,	garet Cooper Inc., being duly re true and correc	sworn upon oath,			
Subscr	ribed and sworn to	Marga before me, a Not	_	is <u>2</u> day	
My Commissi	on Expires:	A Resid	ent of Ska	Notary — Cour	
	ment Prepared By:	Clyde D. Compton, 8700 Broadway, M			(i